

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. G.		7/20/00
O.I.P.E. CLASSIFIER	ASB		7/23/00
FORMALITY REVIEW	MA	549	9.12.00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/15/00
2	✓	✓	9/15/00
3	✓	✓	9/15/00
4	✓	✓	9/15/00
5	✓	✓	9/15/00
6	✓	✓	9/15/00
7	✓	✓	9/15/00
8	✓	✓	9/15/00
9	✓	✓	9/15/00
10	✓	✓	9/15/00
11	✓	✓	9/15/00
12	✓	✓	9/15/00
13	✓	✓	9/15/00
14	✓	✓	9/15/00
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47	✓	✓	9/15/00
48	✓	✓	9/15/00
49	✓	✓	9/15/00
50	✓	✓	9/15/00

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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